

D-1P

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKSteven Gonzalez

Write the full name of each plaintiff.

17 cv 8885 (GBD) (LWG)
(Include case number if one has been assigned)

-against-

Officer Steven Rentas Jr.,
Shield No. 18760, City of New
York Department of CorrectionAMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Steven D Gonzalez
First Name Middle Initial Last Name

Steven Carter
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Kirby Forensic Psychiatric Center
Current Place of Detention

600 E. 12th Street
Institutional Address

New York NY 10035
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Steven Pentastar 18760
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 2: _____
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 3: _____
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 4: _____
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: DDL Court Transportation Bus at 100 Centrest

Date(s) of occurrence: January 2, 2015 or February 26, 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Sometime in January or February of 2015 before entering the holding pens I was searched for weapons but not all were searched. I was sent to the holding pens with other inmates of the general population ("GP") which was improper as I was under mental observation ("MO") and was required to be separated from GP, or placed inside of a single cage. As the court bus pulled into the eccentric street bus lot, Officer Steven Rentas Shield #118766 exits the bus and states "I'm getting off the bus now whatever you're going to do, do it now" then an inmate that was behind me said he knew me and the guy that was cuffed to him stated "I'm gonna punch you in the face" I had a handshake or fistbump like. So he came up behind me and began slashing me in many places with what appeared to me was a box cutter. I remained there in shock for 3-5 minutes unsupervised (unattended) until defendant defendant Rentas returned but it was like he was not surprised at all. The emergency response unit or patrol arrived and escorted me to the clinic after treatment I was being taken to Bellevue hospital I was believed that I was being taken to Bellevue hospital. Criminal charges and a conviction against the slasher was brought upon.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I received several slash marks (lacerations) to my right hand, wrist, pinky finger, knuckles totaling 8 stitches plus a laceration to the head's left side temple area which was ~~glued~~ glued sealed

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensatory damages in the amount of \$100,000
Punitive Damages in the amount of \$50,000

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>5-16-18</u>		<u>S. Gonzalez</u>
Dated		Plaintiff's Signature
<u>Steven</u>	<u>N</u>	<u>Gonzalez</u>
First Name	Middle Initial	Last Name
<u>Kirby Forensic Psychiatric Center 600 E 125th Street</u>		
Prison Address		
<u>New York</u>	<u>NY</u>	<u>10035</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 5-16-18

Steven Gonzalez
KIRBY FORENSIC PSYCHIATRIC CENTER
WARD'S ISLAND
NEW YORK, NEW YORK 10035-6095

Honorable Gabriel W. Geronzi
United States Magistrate Judge
Southern District of New York
500 Pearl Street
New York, New York 10007

NEOPOST

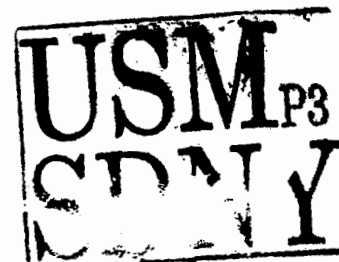
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